

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1001-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND ACRISAL NO.

NM 03554

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "C"

9. WELL NO.

144-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., W., OR ALK. AND
RORRY OR AREA

Section 12, 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 340 Farmington, New Mexico 87413

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

990' F/N and 1650' F/W

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

6630 Gr

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion as Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and down hole
logs to this work.)

APD approval as amended April 6, 1989.

We now request approval be extended 6 months, as we plan to drill
this well in late summer of 1990.

Notice of approximate starting date will be filed before starting work.

RECEIVED

APR 12 1990

OIL CON. DIV.

DIST. 3

THIS APPROVAL

18. I hereby certify that the foregoing is true and correct

SIGNED

Charles E. Dargatzis

TITLE

Superintendent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NAME

*See Instructions on Reverse Side

DATE

4 5 90

DATE

Kip Townsend

FAIR PLAY FOR CUBAN AMERICA